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Introduction

Background

This 2003 Healthy Start Evaluation Guidebook, a revision of the 1999 Evaluation Guidebook, is designed to simplify and improve the data collection process for Healthy Start operational grantees. The California Department of Education (CDE) requires each Healthy Start Program to report on its services and outcomes. This guidebook provides instructions on how to collect and report information that will document the results of your Healthy Start Program. The California Department of Education is asking for a minimal amount of information in an effort to streamline the data collection and reporting process.

Why Do the Evaluation?

- 1. It assesses the results of your program--Program Evaluation.
- 2. It guides future action of your Healthy Start initiative and the services you offer--Formative Evaluation.
- 3. It demonstrates the value of your Healthy Start initiative to local community partners and policy makers--Strategic Evaluation.
- 4. It is required by funders.

Evaluation Structure

The evaluation report consists of both quantitative data (numbers) and qualitative descriptions (narrative) on the program's progress toward achieving results for participating students. For Year 1, information about the implementation of the Healthy Start program will be reported as will intake and services data on students.

Beginning with Year 2, information on leveraged resources as well as data on children's outcomes in three key areas will be reported to CDE. Outcomes for participating students are measured in three key areas:

- Educational results
- Attendance
- Behavior

The required information will help CDE better understand how Healthy Start is being implemented across the state. Statewide data are necessary to:

- Help the public understand how well Healthy Start is working.
- Learn from model practices and teach others.
- Provide the state Legislature and other policymakers with information regarding the Healthy Start Program.
- Gauge the need for technical assistance and resource materials.

How to Complete the Statewide Evaluation

An electronic spreadsheet to record student information accompanies these guidelines. Staff may either use the spreadsheet and submit the evaluation electronically or submit a computer disk and three hard copies by October 15 of each grant year.

Where to Send the Evaluation

The first year's evaluation (preliminary plan) must be mailed by November 15 of the first year of operation. Annual evaluation reports must be mailed to CDE by October 15 of each year thereafter.

The forms for the evaluation report are available to download at our Web site, http://www.cde.ca.gov/healthystart/, or you may e-mail your request for forms to HSEVAL@cde.ca.gov

If submitting hard copies, reports may be mailed to:

Annual Report Healthy Start Office California Department of Education P. O. Box 944272 Sacramento, CA 94244-2720

You may e-mail reports to HSEVAL@cde.ca.gov

Local Evaluation

A Healthy Start program is not limited only to collecting the data required by CDE. Program staff must collect other information for the local evaluation. A Healthy Start program must be able to show the effectiveness of local efforts to develop long-term commitments from all of the collaborative partners in the program. Your local evaluation must demonstrate what is working in your program for your school and community and suggest future directions for your efforts. While the requirements for the statewide evaluation are a good starting point, additional data can be of considerable value in your local evaluation. You must work with your school, your collaborative, and your evaluation team to determine additional evaluation measures for your local evaluation.

How to Start Your Evaluation

Preliminary Evaluation Plan and Baseline Data

You are required to mail a preliminary evaluation plan to CDE by November 15 of Year 1 of your operational grant. This plan must include answers to the following questions:

- 1. Who will oversee your evaluation activities?
- 2. What specific services will you document?
- 3. What method will you use to gather outcome data on academic achievement, attendance, and behavior?
- 4. Who collects what data and where?

The following explanations will assist you in answering the preliminary evaluation plan questions.

Who Will Oversee Your Evaluation **Activities?**

Data collection activities should be an integral, regular, and seamless part of the work of Healthy Start. The Healthy Start program coordinator must play an active role in the evaluation process for the program. However, since this process can be time consuming, the program coordinator may consider delegating some responsibility to another staff person or collaborative partner who has sufficient time and skills to devote to the evaluation process.

A Lead Person for the Healthy Start Evaluation

CDE recommends that the Healthy Start collaborative identify a person to play a lead role in planning and implementing the statewide evaluation and your local evaluation activities. The lead person will serve as coordinator of the evaluation planning process and be responsible for the following activities:

- Organizing evaluation activities:
 - Keeping track of and coordinating day-to-day evaluation activities
 - Creating a calendar of evaluation activities
 - Scheduling time on a regular basis for evaluation activities
- Ensuring staff cooperation with the evaluation process:
 - Training staff to use the forms and collect the correct data: staff will participate in data collection as part of their everyday work.
 - Making sure staff understand how evaluation is useful in their daily work and in sustaining your Healthy Start services.
 - Checking to make sure that data are collected properly.

Implementing the Evaluation

Designing and Refining the Data Collection Forms You Will Use

- o Tabulating the data
- o Analyzing the data
- Editing or reviewing reports produced by an outside evaluator
- Ensuring that reports are submitted on time
- Finding answers to questions that might stem from the evaluation process
- Meeting with others to discuss the implications of findings
- Sharing results with participants, school personnel, collaborative partners, and community members and leaders

Choosing the Evaluation Team

One of the first decisions your Healthy Start Collaborative will need to make regarding program evaluation is whether you will evaluate your program yourselves by using support from program staff, school personnel, and members of the collaborative or whether you will hire an outside evaluator. Either approach is acceptable to CDE. Here are some suggestions to aid you in making an effective choice.

Inventory your Healthy Start staff. What skills do they have in evaluation? Who has experience gathering information on paper or on a computer?

Inventory your school personnel. Who already collects data on which to build client information? Are there personnel in your local school, district, or county office who are skilled in evaluation and data management and who are interested in evaluating the Healthy Start program? It is important to establish relationships with individuals in the school systems who have

responsibilities for student data and testing results.

Inventory your collaborative partners. Do any of the partners have databases that can be adapted for the Healthy Start program? Are any of the collaborative partners experts in the evaluation of programs similar to the Healthy Start program? Do partners have staff or consultants with evaluation skills to help with your Healthy Start evaluation? Are graduate students or student interns available through local colleges and universities to help with the evaluation?

Depending on the results of your inventory, you may decide to hire an outside evaluator to help with all or part of your evaluation. CDE does not require you to hire an outside evaluator.

Hiring an Outside Evaluator

Although there is no requirement to do so, the collaborative may want to identify and hire someone with expertise in evaluation who can provide regular on-site consultation regarding local evaluation.

To achieve the best results with an outside evaluator, the collaborative must start evaluation planning early and carefully define the scope of work and timelines expected of the outside evaluator. This will ensure that the outside evaluator and the collaborative have a clear understanding of expectations and approaches. The external evaluator should be hired early in the program implementation.

External evaluators can bring technical expertise and a valuable new perspective to the evaluation. An outside evaluator can recommend the best methods for answering questions about the impacts of the program, help set up data collection, and help analyze data.

When you hire an outside evaluator, the primary cost is for his/her time. The more work your own staff does to

collect, compile, analyze, and report your data, the fewer the services that will require the use of an outside evaluator. Consider pooling your resources with other Healthy Start initiatives in your area that are engaged in similar activities and hire an evaluator together.

Additional costs can be incurred if the external evaluator requires the use of specialized computer software that is not compatible with the computer system used in your Healthy Start office. Be sure to clarify the evaluator's expectations regarding computer software and equipment.

The outside evaluator should have:

- A track record of productive evaluations of similar programs (Not all evaluators have experience measuring success based on student outcomes.)
- Technical skill in use of electronic data systems, database design, and programming
- Integrity and objectivity
- Desire to communicate regularly with program staff and leaders during data collection and analysis
- A willingness to include program staff, parents, and clients in gathering information
- Cultural compatibility and sensitivity
- A willingness to help program staff develop a customized evaluation that satisfies local needs
- An ability to document evaluation stages so program staff can replicate the process in the future
- An ability to develop realistic goals and expectations and to define appropriate roles for program staff

Where to find an outside evaluator. Referrals and recommendations from other Healthy Start, After School, or similar program staff may be the best way to ensure that you hire an evaluator who is skilled in evaluating your type of program and who will work collaboratively with your Healthy Start staff. It is advisable to interview at least two prospective evaluators.

CDE cannot make referrals or recommendations

Outside Evaluator's Responsibilities

Depending on the program's size and budget, the evaluator may assume a wide range of responsibilities. Responsibilities may include:

- Helping identify relevant internal resources
- Providing an understanding of CDE's reporting requirements and how they integrate with local evaluation needs
- Facilitating discussions among all participants to develop the goals and objectives of the evaluation and finding methods to meet those goals
- Suggesting ways to supplement required data with additional information that supports program improvement
- Developing or adapting data collection instruments for local evaluation, including questionnaires and surveys
- Training staff on interpretation of evaluation results
- o Identifying areas for improvement
- Demonstrating the program's results to the community and potential funders

Healthy Start Program Coordinator's Responsibilities for the Evaluation

The Healthy Start program coordinator and the collaborative are totally responsible for all aspects of the evaluation reports submitted to CDE. Collaboratives should require outside evaluators to submit their evaluation reports to the Healthy Start program coordinator in advance to allow sufficient time for the program coordinator and the collaborative to review and approve the report. The evaluation report must be submitted to CDE by the Healthy Start program coordinator, not by the outside evaluator.

The Healthy Start coordinator and the collaborative may want to establish an evaluation committee or workgroups to help develop the evaluation plan, oversee the ongoing evaluation process, review reports, and respond to findings. Your preliminary evaluation plan should address your plans for evaluation, evaluation activities, oversight for the evaluation, and a preliminary timetable for evaluation activities.

What Specific Services Will You Document? Review Form B (formerly Form J). Discuss any relevant services for your initiative that may not be listed on the form.

How Will You Document Student Outcomes? What method will you use to gather outcome data on the three outcomes for this program: academic achievement, attendance, and behavior?

The report on student outcomes is important in the overall evaluation of your program. Describe your plans for documenting student outcomes in academic achievement, attendance, and behavior. You will need to report data from the school year before the participating students became involved

with the Healthy Start Program and data from the most recent school year.

Who Collects What and When. Report who is responsible for gathering the data on educational results (e.g., the lead person for the evaluation or outside evaluator), including attendance and state academic test scores, and data on behavioral changes for each student who participated in Healthy Start. Data should be gathered when the spring semester (or trimester) concludes.

Please note:

Baseline information should be collected for the school year before intake into the Healthy Start program.

Follow-up information for each student should be collected for the most recent school year.

The data for this part of the report can be found in students' cumulative records or on a district-based electronic information system. Which source do you anticipate using for your Healthy Start evaluation?

Optimally, CDE would like data on all the students served by Healthy Start. However, if this request would impose an unreasonable data collection burden, a program may collect baseline and follow-up data on at least 50 students who typify your Healthy Start program. If you elect to report on a subset of the students served, you must explain why you are sampling and describe how you selected that subset so that it is representative of your Healthy Start clients. If the program does not serve at least 50 students, the program must report data on all those who are served. Please indicate how many students you anticipate reporting on for this part of your evaluation.

Year 1 Evaluation: Preliminary Evaluation

An effective Healthy Start program will help you have a positive impact on the children in your community. The Year 1 (first year) evaluation will focus on how well you are implementing your Healthy Start program.

Qualitative Evaluation--Narrative

Key components of establishing your Healthy Start program include:

- Using community assessments to develop appropriate services that meet the needs of the community
- Developing and maintaining a strong community collaborative that participates in your program
- o Developing and maintaining positive relationships with school staff
- Operating a financially sound program that is accessible and acceptable to the community served
- Hiring and retaining trained staff

In this section, you will capture anecdotal and qualitative data.

Quantitative Evaluation--Data

You will also capture data describing the population being served and the number and types of services delivered. The focus will be on implementing methods for documenting intake and service data.

Community Assessment Review

Why This Is Important:	A community assessment creates a baseline of data and provides information for program development. Readily available community data provides information about the local community as well as data to augment the community assessment (see Appendix, Descriptive Data).
Action Steps:	Review the community assessment used to design your program. Review the community assessment with the collaborative. Use additional descriptive data to augment the community assessment as it becomes available.
Qualitative Measure:	Please answer the following questions in your narrative: How is the program addressing the concerns identified in the community assessment? List the dates the community assessment was reviewed with the collaborative and describe any modifications that came with this review. Describe any changes to the program that were implemented this year. How were they reviewed with the collaborative partners? Describe any additional changes that are needed in the program. How are you ensuring that your programs are age and culturally appropriate? (Give examples.)

- What is your overall assessment of the Healthy Start program in relationship to the goals outlined in the community assessment?
- How have you achieved the goals outlined in the community assessment?
- What elements of the program are making the most impact on these goals? How is the program affecting these goals?
- What do you want to change based upon your experience in order to better achieve these goals?
- What has prevented you from running the program the way you think is best?
- What do you plan to change?
- Is there a process for parents, consumers, and neighborhood residents to provide feedback on the services and supports provided to children, youths, families, and neighborhoods?

Community Collaborative

Why This Is Important:	To ensure long-term sustainability, Healthy Start needs a strong collaborative.
Action Steps:	Treat your collaborative meetings as an important assignment. Keep a roster of attendance. Strive for parent and student involvement. Collaboration members need responsibility. Keep your agendas meaningful. Encourage the participation of school personnel. Review the makeup of the committee; see that it reflects the community.
Qualitative Measures:	In your narrative, please answer the following questions: How often does the collaborative meet? Who are the partners? How are the partners' contributions reflected in the program content? Report the attendance at the collaborative meetings by category.

- Collaborative partners generally fall into the following categories: parents, students, schools, law enforcement agencies, public agencies, and community-based and private organizations.
- Has the group identified practices that encourage participation by parents, consumers, and other neighborhood residents?
- Has the collaborative developed strategies for engaging diverse people, agencies, and organizations who have not been involved?

School Relationships

Why This Is Important:	School personnel are critical to your initiative's success. Efforts should be made to involve them in your Healthy Start initiative and to ensure that your program is helping them educate children and youths.
Action Steps:	Talk with administrators, teachers, nurses, secretaries, custodians, and other school personnel as often as possible. Learn about their perceptions of the Healthy Start initiative, what they like, what they would like to see added or improved, and how the initiative is helping students and the school.
Qualitative Measures:	In your narrative, please include the following information:
	Describe how the Healthy Start initiative has been integrated with the regular school program.
	Describe how the Healthy Start initiative coordinates with the principal and school administrative staff.
	Describe how the Healthy Start program coordinates with the teachers.
	Describe how the Healthy Start program coordinates with the school support staff, such as custodians, secretaries, school nurses, counselors, bus drivers, cafeteria staff.
	Describe how Healthy Start staff are included in school functions, such as professional development opportunities, parent education efforts, individual education programs, or other activities.

- You might want to include in the narrative how often you interact with school personnel and topics that are discussed.
- o How often is there a Healthy Start in-service training, and how often do you present to the school board?
- What information is shared? What programs/services have you developed in collaboration with school staff?
- Year 1 is a time to work with school and district staff to identify how best to access student data (e.g., achievement levels, attendance, behavior) in future evaluation efforts.

Program Operations

Why This Is Important:	People are more likely to participate in your program if the physical location is accessible and inviting. Problems can be avoided if the program is operating efficiently and responsibly.
Action Steps:	Create an environment where participants feel comfortable and welcome. Involve children, youths, parents, school personnel, and collaborative members in designing the physical space for the program.
	Become acquainted with the fiscal officer. Be aware of budget deadlines and billing procedures. Monitor the Healthy Start budget and ensure financial accountability.
Qualitative Measures:	In your narrative, please answer the following questions:
	Are the facilities adequate and in a location that is easy for participants and collaborative members to access? Describe the facilities. What funding structure provided the facility?
	Describe how you are making your location accessible, inviting, and comfortable for people to use.
	Are you providing the services that you had projected in your grant application? Are all partners following the commitments according to the MOUs in your grant application?
	Is your case management system operating as envisioned in your grant application?
	Do you have an effective evaluation team in place?
	Attach a copy of your annual financial audit.

- Do you have a stable location? Is it on the school grounds or nearby?
- o Do you have the necessary equipment and supplies for your program activities?
- Do you have a sofa and chairs?
- Do you have toys and books for younger children to use while parents are interacting with program staff?

Staff

Why This Is Important:	Staff are your most important resource. The skills of the staff are among the tools you will use to meet the needs of the program.	
Action Steps:	Review the skills, talents, and life experiences of your staff to ensure that they can meet the needs of students and families served by your program. If skills are lacking, plan training opportunities to develop necessary abilities.	
Qualitative Measures:	In your narrative please address the following issues:	
	 Describe staff qualifications and how they match the service requirements of the program. 	
	 List staff and experience. 	
	O What is the length of service of each staff member?	
	 Is there a specific plan for each staff member for professional development? 	

- Who are the program staff?
 - Position
 - Training
 - Date assigned
 - Ethnicity
 - Language skills
 - Education
 - Have they ever experienced economic deprivation?
 - Disability
 - Teen parent
 - Special skills/abilities
- o How do you involve your staff in the evaluation?
- o Do you schedule training for staff in evaluation and other program activities?
- Can professional development be shared with other agencies or schools?

Intake and Services Delivered

Why This Is Important:	This information indicates who is actually using the services and if these services align with the community assessment.
Action Steps:	Capture services provided by the Healthy Start program and collaborative partners.
Measures:	Form A, Intake Form: Student Demographics (formerly referred to as Form K)
	Form B, Service Reporting Form: Services Delivered (formerly referred to as Form J).
	Data should be reported on anyone served within your Healthy Start program or by any member agency of your collaborative. These elements can easily be placed in a database that will allow you to verify needs and services provided. You will need to capture:
	 Date student enrolled in school
	 Who referred the student

Tip--You will need to track the primary reason for referral to Healthy Start for your own local assessment. This is especially important for case-managed students since case-management services are the hardest to sustain. Referral reasons include:

- Attendance
- Behavior
- Academic achievement
- Other (e.g., needs)

To fill out the evaluation for services delivered, you can use a service log to capture ongoing daily service activity:

- Date of service
- Client name
- Client number
- Birth date
- Type of service delivered
- Service code

For your own local evaluation, you will need to capture referrals to organizations or services outside of your collaborative.

Form A, Intake Form: Student Demographics

Grant ID#	Indicate the identification number given to your grant application by CDE.
School year	Write the school year to which the data refers (e.g., 2002-03).
1. Student or family member number (1 through X or ID#)	Number each row that indicates a single client's data. For example, an initiative with 75 clients would list 1, 2, 3 75. If it is easier, you can list client ID numbers.
2. Date of intake	The date on which the student or family member was first seen by Healthy Start program staff.
3. Birth date	For each client, indicate his or her birth date. This should be the month, day, and year the client was born.
4. Gender	Indicate whether the client is a male or female.
5. Ethnicity	Although a more detailed record of the ethnicity of clients may be kept by local programs, six broad ethnic categories are listed here to examine larger statewide trends. If clients are of a multiethnic background, use OT. Ethnicity codes: AA = African American AI = American Indian/Alaska Native AS = Asian HS = Hispanic PI = Pacific Islander WH = White OT = Other Ethnicity codes are also listed at the bottom of the reporting form.
FRE	Indicate if a student is eligible to receive free or reduced price meals under Section 49552 of the <i>Education Code</i> .
Grade in school	Enter the grade level of the student.

Form B: Services Delivered (formerly Form J)

Grant ID#	Indicate the identification number given to your grant application by CDE.
School year	Write the school year to which the data refers (e.g., 2002-03).
1.Code 2. Type of service	"Code" and "type of service" refer to service names and codes defined in <i>Healthy Start Service Categories and Working Definitions as Standardized to the Taxonomy of Human Services.</i> A copy of this document is available on our Web site. These definitions were developed by a team of practitioners and administrators from several state-level human service departments and agencies and incorporated into an existing taxonomy of human services, called InfoLine. These common definitions and codes were developed to ensure that service names mean the same thing for all Healthy Start grantees.
3. Units of service	A "unit of service" refers to a single experience with a single type of service by a single client. For example, each class attended by one participant in a series of parenting classes is considered a single unit of service. Similarly, if three kinds of services were provided a client in a single home visit from a case manager, each of the three services would be counted as a separate service unit.
Overall total	Report the number of services provided to all types of clients, even though their services are also counted separately. Report service counts by the service categories listed.
Follow-up	Report the number of services provided to clients requiring follow-up.

Year 2, 3, and 4 Evaluation: **Program Impact**

In Year 1 you begin planning for the evaluation of student outcomes, and in Year 2 you begin to implement this evaluation plan and get to the purpose of the program-improving outcomes for the students. Beginning in the second year, you will report on the student outcomes in the three key areas: academic achievement, behavior, and attendance. The narrative portion of Year 2, 3, and 4 evaluations will also include information about resources that your program is leveraging.

Qualitative Evaluation--Narrative

- o Program and collaborative assessment
- Leveraging resources

Quantitative Evaluation--Data

- o Intake and services delivered (same as Year 1)
- Student outcomes

Program and Collaborative Assessment

Why This Is Important:	Capture anecdotal and qualitative data. One tends to improve that which is measured. This portion of the evaluation is an opportunity to validate the collaborative's effort.
Action Steps:	Relate your evaluation back to the community assessment.
Measures:	What is your overall assessment of the Healthy Start initiative in relationship to the goals outlined in the community assessment?
	How have you achieved the goals outlined in the community assessment?
	Which elements of the program are making the most impact on these goals?
	What do you want to change, based upon your experience, in order to better impact these goals?
	What has prevented you from running the program the way you think is best?
	What do you plan to change? Why? How?
	Provide anecdotal examples of how your program has changed children's and families' lives.

Leveraging Resources

Resource Development and Political Support

Why This Is Important:	Leveraging resources is the key to program sustainability. It is important to develop and document in-kind resources as well as other fiscal support. If you don't leverage resources, you will not be able to continue services for children and families.
Action Steps:	Monitor the financial value of community services provided by partners of the Healthy Start initiative.
Qualitative Measures:	What leveraged services have you established and what is the dollar value of these services? Be specific.
	What are the economic benefits of your program to the school and the community?
	How are you reporting your results to local leaders (for example, superintendents, supervisors, school boards, collaborative boards, parent groups, professional conferences)?

- o How does the funding plan access various public and private dollars and build upon non-financial resources from grassroots organizations, community groups, businesses, hospitals, and families?
- How is your program reducing school expenditures?
- How is your program impacting school revenues (for example, increasing ADA)?
- How is your program helping to integrate services for more efficient delivery?

Intake and Services Delivered

Why This Is Important:	This information indicates who is actually using the services and if these services align with the community assessment.
Action Steps:	Capture services provided by the Healthy Start program and collaborative partners.
Measures:	Form A, Intake Form: Student Demographics (formerly referred to as Form K)
	Form B, Service Reporting Form: Services delivered (formerly referred to as Form J).
	Data should be reported on anyone served within your Healthy Start program or by any member agency of your collaborative. These elements can easily be placed in a database that will allow you to verify needs and services provided. You will need to capture:
	 Date student enrolled in school Who referred the student

Tip--You will need to track the primary reason for referral to Healthy Start for your own local assessment. This is especially important for case-managed students since case-management services are the hardest to sustain. Referral reasons include:

- Attendance
- o Behavior
- Academic achievement
- Other (e.g., needs)

To fill out the evaluation for services delivered, you can use a service log to capture ongoing daily service activity:

- o Date of service
- Client name
- Client number
- Birth date
- Type of service delivered 0
- Service code

For your own local evaluation, you will need to capture referrals to organizations or services outside of your collaborative.

Form A, Intake Form: Student Demographics (formerly Form K)

Grant ID#	Indicate the identification number given to your grant application by CDE.
School year	Write the school year to which the data refers (e.g., 2002-03).
1. Student or family member number (1 through X or ID#)	Number each row that indicates a single client's data. For example, an initiative with 75 clients would list 1, 2, 3 75. If it is easier, you can list client ID numbers.
2. Date of intake	The date on which the student or family member was first seen by Healthy Start program staff.
3. Birth date	For each client, indicate his or her birth date. This should be the month, day, and year the client was born.
4. Gender	Indicate whether the client is a male or female.
5. Ethnicity	Although a more detailed record of the ethnicity of clients may be kept by local programs, six broad ethnic categories are listed here to examine larger statewide trends. If clients are of a multiethnic background, use OT. Ethnicity codes: AA = African American AI = American Indian/Alaska Native AS = Asian
	HS = Hispanic PI = Pacific Islander WH = White OT = Other
	Ethnicity codes are also listed at the bottom of the reporting form.
FRE	Indicate if a student is eligible to receive free or reduced price meals under Section 49552 of the <i>Education Code</i> .
Grade in school	Enter the grade level of the student.

Form B: Services Delivered (formerly Form J)

Grant ID#	Indicate the identification number given to your grant application by CDE.
School year	Write the school year to which the data refers (e.g., 2002-03).
1.Code 2. Type of service	"Code" and "type of service" refer to service names and codes defined in <i>Healthy Start Service Categories and Working Definitions as Standardized to the Taxonomy of Human Services.</i> A copy of this document follows Form J. These definitions were developed by a team of practitioners and administrators from several state-level human service departments and agencies and incorporated into an existing taxonomy of human services, called InfoLine. These common definitions and codes were developed to ensure that service names mean the same thing for all Healthy Start grantees.
3. Units of service	A "unit of service" refers to a single experience with a single type of service by a single client. For example, each class attended by one participant in a series of parenting classes is considered a single unit of service. Similarly, if three kinds of services were provided a client in a single home visit from a case manager, each of the three services would be counted as a separate service unit.
Overall total	Report the number of services provided to all types of clients, even though their services are also counted separately. Report service counts by the service categories listed.
Follow-up	Report the number of services provided to clients requiring follow-up.

Form C: Student Outcomes

Why This Is Important:	The report on student outcomes is important in the overall evaluation of your program. It will demonstrate your initiative's effectiveness, and it will enable CDE to collect consistent statewide data for policymakers.
Action Steps:	CDE would like data on all the students served by Healthy Start. A report is required on all students at the intake or enrollment level.
Measures:	Submit data only for students for whom complete information (i.e., both baseline and follow-up data) for at least one outcome indicator (e.g., days absent) is available. For example, if no follow-up data can be collected because the student has moved, then do not include this student on the form.
	If you are reporting data on only a sample of 50 students, explain why you are sampling, how you selected those students, and how they typify the students that you serve.
	Capture data on improvement in key areas:
	 Behavior: suspensions and expulsions Academic achievement: test scores and GPA Attendance
	For academic achievement this process is the heart of the evaluation; care should be taken to be comfortable with the results of the evaluation. Take satisfaction in success and directions from the less positive results.
	For kindergarten and grades one and two, report to CDE whether the students were promoted. For your local evaluation purposes, you may want to track additional achievement test results.
	Grades three and higher report CAT6 individual student total reading national percentile ranking (NPR), total math NPR, and California content standard supplemental score standard proficiency and scaled scores in reading and math.
	Use the year prior to being served by Healthy Start as a baseline and the current year for the postbaseline data. These data are usually available in July or August each year.

Form C: Student Outcomes

Program ID#	Indicate the identification number given to the grant application.
School year	Write the school year to which the follow-up data refers (e.g., 2001-02).
1. Student number	Number each row to indicate a single student's data (e.g., a student ID number may be used).
2. School grade level	Record the grade level of the student during the follow-up school year.
3. CAT6 total reading	Total reading score in national percentile rankings at baseline and follow-up year.
4. CAT6 total math	Total math score in national percentile rankings at baseline and follow-up year.
5a. California Content Standard Supplemental ScoreEnglish/Language Arts Total	Show results of the <i>California Standards Tests</i> in English-language arts in terms of California's performance levels. Each student receives a score for their performance on the test at one of five levels: Advanced, Proficient, Basic, Below Basic, or Far Below Basic.
5b. California Content Standard Supplemental ScoreEnglish/Language Arts Total	Show results of the <i>California Standards Tests</i> in English-language arts in terms of California's scaled scores.
6a. California Content Standard Supplemental ScoreMathematics Total	Show results of the <i>California Standards Tests</i> in mathematics in terms of California's performance levels. Each student receives a score for his or her performance on the test at one of five levels: Advanced, Proficient, Basic, Below Basic, or Far Below Basic.
6b. California Content Standard Supplemental ScoreMathematics Total	Show results of the <i>California Standards Tests</i> in mathematics in terms of California's scaled scores.
7. English learner	Is the student designated as EL, FEP, or redesignated (since receiving Healthy Start services).
8. Was the student promoted or retained at grade level?	Was the student promoted in the most recent completed spring semester?
9. Days enrolled	How many days was the student enrolled during the school year?
10. Days absent	How many days was the student absent during the same time period?
11. Suspensions	Number of days suspended.

Appendix

Descriptive Data

Considerable data are readily available online through the World Wide Web. Each Healthy Start program must collect the specific information that it needs. These data provide an orientation to the community as well as information to update or augment the needs assessment. Some readily available data sources are as follows:

Kids Count Data Book

http://www.aecf.org/kidscount/census/

Provides state and national data for years from 1990 through 2001. (Not all years are available for all indicators). Indicators provided:

- Composite rank
- Child death rates
- o Children in poverty
- Single-parent families
- Dropout percentage
- o Infant mortality rate
- Low-birthweight babies
- o Teens not in school and not working
- o Children in families where no parent is employed full time and year-round
- Teen birth rate
- o Teen deaths by accident, homicide, and suicide

District Financial Reports

http://www.ed-data.k12.ca.us/Navigation/fsTwoPanel.asp?bottom=/indexDB.asp

District-level Data on Funding; Expenditures; Other Financing Sources/Uses; and Current Expense of Education per Average Daily Attendance

School Accountability Report Card

http://www.cde.ca.gov/ope/sarc/sarclink1.asp

Raw columnar data for SARC:

http://www.cde.ca.gov/ope/sarc/data.htm

School Accountability Report Cards report for each school:

- o Demographics: enrollment by ethnicity
- Suspensions and Expulsions
- Academic Data
- o STAR
- o CST--English Language Arts by grade, demographics, other indicators
- California Fitness Test
- Academic Performance Index (API) and API growth by demographics
- o School Completion: dropout rate, graduation rate
- o Class Size: average, distribution, teacher load, class size reduction participation
- o Teacher and Staff Information: teacher credential information, staffing by position

- o Curriculum and Instruction: instructional minutes, minimum days
- o Postsecondary Preparation: Advance Placement/International Baccalaureate Courses, UC/CSU Admissions, UC/CSU Required Course completion
- o Fiscal and Expenditure Data: average salaries by position, expenditures

California Healthy Kids Survey

California Healthy Kids Survey data may be available through your school district. To learn more about the California Healthy Kids Survey, visit http://www.wested.org/hks/chkshome.htm

The California Healthy Kids Survey collects and reports data on:

- o Demographics
- o Alcohol, Tobacco, and Drug Use
- o Violence, Safety, and Crime
- Physical and Mental Health
- Related Variables